



Trauma:
BURN INJURY
Practice Guideline

Patient Care Goals
1. Minimize tissue damage and patient morbidity from burns

Patient Presentation:

Inclusion Criteria

- Patients sustaining thermal burns

Exclusion Criteria

- Thermal injuries that are the result of major trauma (e.g. blast; these patients should be transported to the EMS system designated trauma center)
- Isolated carbon monoxide exposure without evidence of burn (these patients should be transported to the EMS system designated HBO hospital)

Patient Management:

- Heightened airway inspection
- Consider spinal motion restriction PRN
- Approximate TBSA
- All applicable Practice Guidelines

Burn Center Criteria:

1. Partial thickness burns greater than 10% total body surface area (TBSA).
2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
3. Third degree burns
4. Electrical burns, including lightning injury.
5. Chemical burns.
6. Inhalation injury if stable for transport
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.

Patient Safety Considerations:

- Consult Haz Mat Team or Poison Control for expert guidance for chemical related burns PRN
- Airway compromise-stridor, change in voice, odynophagia may occur rapidly.
- If patient is in hemodynamic shock, consider other injuries or toxic exposure to CO or CN and treat based on shock and other appropriate clinical practice guidelines.
- Sterile burn dressing; prevent hypothermia; do not apply ointments.

Quality Improvement:

Key Documentation Elements:

- Initial airway status
- Total volume of fluid administered
- Body surface area of second and third degree burns (TBSA)
- Pulse and CRT distally on any circumferentially burned extremity.
- Pain scale and management

Performance Measures

1. Correct burn center destination

